Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

Nutrition Screening

Nutrition screening is the first-line approach to addressing the nutritional needs of service users and has been recommended as best practice. A simple and comprehensive screening tool, is the St Andrew's Nutrition Screening Instrument (SANSI). SANSI as reliable and valid for use in the psychiatric settings for adolescents and adults.

St. Andrews's Healthcare Nutrition Screening Instrument (SANSI) (Modified)

Step 1 Current weight and BMI

- Weight (kg) _____
- Height (m) _____
- BMI (kg/m2) _____ ***(see Table 1)***
- BMI category _____ ***(see Table 2)***

Service user ID sticker

Please tick relevant BMI category

- Underweight (**Willow Grove refer to Table 2 for BMI category for adolescents – refer to dietitian as necessary**)
  - BMI 18.5-19.9kg/m^2 **medium risk** – *offer Food First booklet*
  - BMI < 18.5kg/m^2 **high risk** - *refer to dietician; offer Food First booklet*
- Healthy Weight **low risk** – *continue to weigh and screen monthly*
- Overweight **medium risk** – *offer first line weight management information.* ***If BMI ≥28kg/m^2*** *& related co-morbidities (diabetes, high BP, CHD) follow Weight Management Care Pathway*
- Obese **high risk** – *follow Weight Management Care Pathway*

Step 2 Weight Change in the Last 3 months

Weight 3 months ago (self-reported if records not available) _____ (kg) Weight Change (kg)_____

Please tick. Refer to Table 3 for subjective measures

- **Change 0-5%** **low risk** - *continue to weigh and screen monthly*
- **Change 5-10%** **medium risk** – *alert clinical team to monitor intake, activity levels, weight*
- **Loss of 10% weight** or more (unplanned) **high risk** – *refer to dietician*
- **Gain of 10% weight** or more (unplanned) **high risk** - *follow Weight Management Care Pathway*

Step 3 Other significant dietary issues to consider:

Please circle Yes/No

*If **YES** to any of the below, discuss with clinical team at MDT, care plan as necessary and refer to dietitian if considered appropriate.*

1	Does the service user have specific dietary requirements, e.g. diabetes, heart disease, allergy, modified-textured diet? *If yes, liaise with catering department as necessary*	Yes/No
2	Does the service user have type 2 diabetes/hypertension/high cholesterol and non-compliant with diet? *If yes, consider referral to diabetes or heart health dietetic group as necessary*	Yes/No
3	Is the service user prescribed anti-psychotic medication? *If yes, consider referral to dietetic weight management group as necessary*	Yes/No
4	Is there a gastrostomy feeding tube in place?	Yes/No
6	Is the service user prescribed oral nutritional supplements?	Yes/No
7	Does the service user have a history of/been observed to have disordered eating?	Yes/No
8	Does the service user refuse or not attend 2 or more main meals a day?	Yes/No
9	Does the service user fail to eat at least half meals at most mealtimes?	Yes/No
10	Does the service user regularly refuse or not complete drinks?	Yes/No
11	Does the service user have chewing or swallowing difficulties?	Yes/No
12	Does the service user suffer from nausea, involuntary vomiting or diarrhoea?	Yes/No

Step 4 Action Plan/Comments

- No immediate action ☐
- Alert Clinical Team ☐
- Offer Food First booklet ☐
- Offer First Line Weight Management booklet ☐
- Weight Management Care Pathway ☐
- Refer to Dietician ☐
- Record on Individual Care Plan ☐

Comments:

Next month's screening date (TBC by ward as necessary) ___ /___ / _____ **Sign:**_____ **Date** ____ / ____ / _____